MW-151 (R-9-02)

NEW JERSEY DEPARTMENT OF LABOR
DIVISION OF WAGE AND HOUR COMPLIANCE

Application To Pay Less Than Minimum Wage To A Disabled Person

DATE _____

EMPLOYER _____

ADDRESS _____

NATURE OF BUSINESS _____

EMPLOYEE _____

ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DISABILITY _____

_____

SPECIFIC OCCUPATION TO BE PERFORMED _____

_____

RATE OF PAY:

Hourly _____ Weekly _____ Other _____

HOURS OF EMPLOYMENT (answer all):

Daily _____ Weekly _____ Days per week _____

PREVIOUS WORK HISTORY (please include earnings) _____

_____

_____

IF THIS IS A MINOR, IS EMPLOYMENT CERTIFICATE ON FILE?

☐ Yes ☐ No Date of issue _____

_____ _____

Signature of Employer Signature of Employee

FOR USE OF THE DEPARTMENT OF LABOR ONLY

DATE _____

RECOMMENDATIONS _____

_____

DISPOSITION _____

_____

LABOR
nj.gov/labor